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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/678,741	10/03/2003	Hassan Mostafavi	2018721-7012094003	6107	
VARIAN MEDICAL SYSTEMS TECHNOLOGIES, INC.				INER	
c/o BINGHAM	c/o BINGHAM MCCUTCHEN LLP THREE EMBARCADERO CENTER			RAMIREZ, JOHN FERNANDO	
	SCO, CA 94111-4067	ADTUME DADED MUMDED		PAPER NUMBER	
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			10/18/2007	PAPER	

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

P	Application No.	Applicant(s)	
Interview Summary	10/678,741	MOSTAFAVI, HASSAN	
,	Examiner	Art Unit	
	John F. Ramirez	3737 .	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>John F. Ramirez</u> .	(3)		
(2) <u>Chan Gerald</u> .	(4)		
Date of Interview: <u>12 October 2007</u> .			
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant 2	2) applicant's representati	ve]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.		
Claim(s) discussed: <u>none</u> .			
Identification of prior art discussed: <u>none</u> .			
Agreement with respect to the claims f) was reached. g)□ was not reached. h)⊠	N/A.	
Substance of Interview including description of the general reached, or any other comments: <u>Applicant's legal representation of the general 1.105 requirement. Applicant is willing to cooperate by proving the subject matter of the present application in order to exp</u>	<u>ntative explain his position to</u> viding a list of independent cl	comply with the slaims that are mos	37 CER
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached	opy of the amendments that	greed would rend would render the	er the claims claims
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW on reverse side or on attached sheet.	last Office action has alread OF ONE MONTH OR THIRT ERVIEW SUMMARY FORM	ly been filed, APP IY DAYS FROM T WHICHEVER IS	LICANT IS THIS
	Endernië ou.	L CASLER DOLLAR EMANINE	ib.
Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.	Examiner's sig	nature, if required	